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## **BERTIE COUNTY RURAL HEALTH ASSOCIATION SLIDING FEE DISCOUNT POLICY**

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### **Sliding Fee Discount Program**

Bertie County Rural Health Association (BCRHA) governing Board provides oversight and approval of the Sliding Fee Discount Program and ensures that the policies improve access to care and ensures that no patient will be denied services regardless of ability to pay. The Sliding Fee Discount Program is a federal program that permits BCRHA to discount normal charges for services. Sliding fee patients have the option of getting their prescriptions filled through BCRHA's 340-B drug pricing program at the participating pharmacy. They must utilize the designated pharmacy and follow any applicable guidelines of the 340-B program. SFS applications are available at registration for anyone that would like to apply. Every service within BCRHA approved scope of project which as an established charge will be made available to all health center patients regardless of ability to pay. Patients will be informed of this discount through check in and checkout signage during the registration process, organizational brochures and via the website. This information will be available in appropriate languages and literacy level for BCRHA's patients.

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### **Sliding Fee Discount Scale Development and Evaluation**

BCRHA's Board approved policy, dictates that individuals and families with annual incomes at or below 100 percent of the FPG must receive a full discount for services and pay only a nominal charge. A discount to individual patients and families with annual incomes at or below 200 percent of the FPG, and fees discounted based on family size and income for individuals, and families with incomes above 100 and at or below 200 percent of the FPG and those patients with incomes above 200 percent of the Federal Poverty Guidelines will not receive a discount. BCRHA's routinely evaluates the SFD scale and policy including accessing the nominal fee to ensure that it does not create a barrier to care. This is done through patient surveys on a routine basis and presented to the Board annually.

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### **Eligibility**

All BCRHA patients are eligible to apply for the Sliding Fee Discount. According to federal law, it requires two pieces of information in order to establish eligibility: income and family size. The health center has a plan for routinely evaluating each SFDS and presenting this information to the board to ensure that it does not create a barrier to care. Patients that have insurance may apply for the Sliding Fee Discount to help lower cost for non-covered services. Based on insurance contractual limitations of third-party payers for BCRHA, co pays cannot be discounted. Sliding Fee Scale eligibility is based on providing acceptable proof of income as well as listing all persons within the family (household size) within 10 business days of the date of the application (new patients after 4/15) per Board approved policy. Patients are considered to be declining to be accessed for eligibility for SFD's if all required documentation (income and family size) is not received within 10 business days.

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### **Term / Effective Date**

The Sliding Fee Discount application will be effective for twelve (12) months with renewal annually in February by written correspondence. All documentation (income & family size) is due on or by April 15<sup>th</sup>. Upon registration, patients will be asked to report any changes in family income and household

size. Falsification of this information will result in forfeiture of your Sliding Fee Discount privileges and possible disqualification from the slide fee discount program as it is a violation of Federal Law.

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#### Definitions and Examples of Acceptable Proof Required Income Determination

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1. Income is based on the gross income/wages of all family members earning income.  
Income used to compute poverty status:
  - 0 Includes earning, unemployment compensation, worker's compensation, Social Security (Form 1099R, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the family size, and other miscellaneous sources. Social Services Agency [i.e. TANF, Food Stamps or WIC] automatic designation of minimum sliding fee; use the amount of food stamps received each month and multiply by 12 months.
    - . Noncash benefits (such as food stamps and housing subsidies) may be used.
    - . If a person lives with a family, add up the income of all members in the family size.
2. Acceptable forms of proof for determining income include the following:
  - a. Current W-2 or Income Tax Return: A signed copy of the most recent tax return showing **Total Gross Income**.
  - b. Pay check stub: Two
  - c. Statement: A letter from the Social Security Administration, Veterans Administration or Social Service Agency (i.e., TANF, Food Stamps, or WIC) indicating income level.
  - d. Unemployment Verification: Paperwork from the Employment Securities Commission (ESC) proving unemployment status and the amount of unemployment compensation being received.
  - e. Court Documents: Official documents citing child support or alimony as awarded by a judge.
  - f. Official Paperwork: Paperwork documenting retirement, disability, SSI benefits.
  - g. Employer Letter: For those not receiving an actual pay check, a letter from the patient's employer detailing current **gross income** and frequency of pay periods may be accepted. Contact information must be provided so that information can be verified.
  - h. If self-employed use adjusted gross income; if the dollar amount is negative, enter zero as dollar amount a income. If a recent tax form is not provided, the applicant will be required to complete a Self Declaration Form.
  - i. Tax Forms: 1040 use line 22 1040A use line 15 1040 EZ use line 1 Self-employed use line 37

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#### Family Size Determination

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1. All members of a family size who are pooling financial resources including room and board and / or are supporting one another financially are counted as one family size. A household is defined as an unrelated individual (one person) or a family. A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family. (Persons who live together as husband and wife are considered to be married for purpose of this definition). For more detailed definitions of who is related, please refer to the Federal Register website referenced above.

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2. Family size can be documented with any of the following:
  - a. A copy of the most recent tax return showing family size.
  - b. Social Security card
  - c. Birth Certificate
  - d. Medicaid cards for any dependent children
  - e. Driver's License or State ID cards
  - f. Court or government documents that indicate the number of members in family size
  - g. Rental agreements or a letter from the landlord that indicates the number of family size members. Contact information must be provided so that information can be verified.
  - h. Self declaration form.

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### **Sliding Fee Discount Scale- Structure**

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Slide A = below 100% FPL, receives 100% discount; the nominal fee is \$15 and includes labs

Slide B = 100%-149% FPL, 25% of charges

Slide C = 150% -174% FPL, 50% of charges

Slide D = 175%-200% FPL, 75% of charges

Slide E = > 200% FPL, 100% of charges

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### **Billing & Collections:**

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Payments (SFD or the nominal fees) are expected at the time services are rendered. Our nominal fee is \$15.00 for medical services. If the patient is unable to pay their balance or the nominal fee at the time that services are rendered, then the patient's account will be billed. The patient is expected to pay the balance prior to their next visit. This will be conveyed to the patient upon check in and check out.

Patients are considered to be declining to be accessed for eligibility for SFD's if all required documentation (income and family size) is not received within 10 days.

Every reasonable effort will be made to collect appropriate reimbursement from third party payers based on the patient's eligibility. If the patient has applied and is eligible for the sliding fee discount then that discount will be applied to the patient's unpaid balance from third party payers. Patients are mailed a monthly statement of their account each month. All patients receive 3 monthly statements before their account goes through the collection process of 2 collection letters and then written off to bad debt.

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### **Refusal to Pay**

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An individual's ability to pay for services rendered is not circumstantial. When appropriate financial information has been gathered and documented, including family size, the individual's ability to pay for services is determined. Payment is expected at the time of service, in accordance with this determination. Executed payment plans are expected to be followed. If payment is not forthcoming, it is determined that the individual is refusing to pay for services. BCRHA nursing staff will triage the patient and their determination of being seen that day, the next day or the following week (based on severity of illness) will be determined by the Medical Director or his/her designee (or the patient's assigned provider. Example: Patient A is determined to be a 50% pay patient. Patient A says that he cannot pay for services because his car broke down and had to be repaired. This example is NOT an inability to pay for services, but a refusal.

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**Provision for Waiving Fees / Inability to Pay**

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An individual's ability to pay for services rendered is not circumstantial. Persons who have no income and rely upon others for basic day-to-day needs might be considered incapable or unable to pay for services. Even a nominal fee might prove to be a barrier to care. Services will not be denied to individuals with an inability to pay for such services. If the patient states that she/he cannot pay the portion of the balance that is his/her responsibility the Front Desk Receptionist offers to arrange a payment plan. Example: Patient B is unemployed and lives with his grandmother who provides for food and housing/shelter. Patient B has an inability to pay for services. He will be charged a nominal fee but services will not be denied based on his inability to pay. No charges will be waived.

BCRHA Staff must sign and date the application to verify that all information was reviewed. All sliding fee applications expire on April 15th and support documentation must be resubmitted in order to receive the current Sliding Fee Discount which is updated yearly upon the release of the Federal Poverty Guidelines.

**Board Approved:**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Board Chairman**

\_\_\_\_\_ **Date** \_\_\_\_\_  
**Chief Executive Officer**

☐ Windsor Location☐ Lewiston Location**Sliding Fee Application****[To be completed by patient/guardian. Please complete ALL family information below.]**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name	Family Relation	Date of Birth	ID Number (DL, etc)	Income	Frequency	Type of Income Documentation	Date all Documentation Received/Verified	Documentation Received By

I understand that the information I provide on this is subject to verification by Bertie County Rural Health. I certify that the above information is true and correct to the best of my knowledge and that I have read and understand and agree to adhere to all terms and conditions of the Sliding Fee Discount Program.

\_\_\_\_\_  
Patient/Guardian Signature\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Date**(Do NOT write below this line. To be completed by Bertie Rural Health.)**

Acceptable Income Documentation [Enter (x) if verified and obtained]		Calculated Amount Associated w/ Documentation
<input type="checkbox"/>	Current Federal Tax Return	
<input type="checkbox"/>	Check stub(s) with employer name, income, social security #, hours worked, and rate of pay; weekly income * # of weeks/12=.	
<input type="checkbox"/>	Company letter stating annual earnings (Letter must contain a contact person and phone number for contact).	
<input type="checkbox"/>	Official Letters/documents from Social Security, Courts, Child Support, ESC, etc.	
<b>Total Income Amount</b>		

<b>Total Number of Family Members Applying for the Sliding Fee Program</b>	
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<b>Enter (x) if verified and obtained</b>	<b>Verified and Obtained Information</b>
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	Acceptable identification for each family member listed on Sliding Fee Program Application.
	All family member(s) name(s) and date(s) of birth listed on Sliding Fee Program Application.

Qualified Poverty Percentage	Medical/Dental Slide Category	Slide Effective Date	Slide Termination Date

\_\_\_\_\_  
Signature of Bertie County Rural Health Staff

\_\_\_\_\_  
Date